

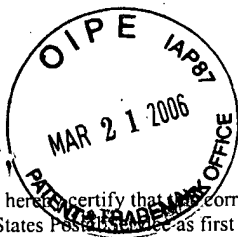


PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/603,126
	Filing Date	June 23, 2003
	First Named Inventor	Seamans, Scott
	Art Unit	3728
	Examiner Name	Jila M. Mohandesi
	Attorney Docket Number	040130-050100US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Request to Change Status from Small Entity to Large Entity with Itemization of the Deficiency Payment
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Darin J. Gibby	
Date	March 17, 2006	Reg. No. 38,464

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Connie Larson	Date March 17, 2006



I hereby certify that the correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT
Docket No.: 040130-050100US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On March 17, 2006

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Lee

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Scott Seamans

Patent No.: 6,993,858

Issued: February 7, 2006

For: BREATHABLE FOOTWEAR
PIECES

Confirmation No. 9833

Examiner: Jila M. Mohandesi

Art Unit: 3728

REQUEST TO CHANGE STATUS FROM
SMALL ENTITY TO LARGE ENTITY
WITH ITEMIZATION OF THE
DEFICIENCY PAYMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant is no longer entitled to small entity status. Pursuant to 37 CFR § 1.27(g)(2), Applicant hereby requests the removal of small entity status for the above-noted issued patent. Please accept the below authorization correcting the payment of the issue fee (filed September 12, 2005) copy enclosed. The following submissions and itemizations are believed to meet the requirements of 37 CFR §1.28(c)(1) and (c)(2).

~~Adjustment date: 03/23/2006 BABRAHA2~~
~~09/15/2005 IRL IHA2-00000047 201430 10603126~~
~~01 FC:2501 700.00 CR~~

03/23/2006 BABRAHA2 00000095 201430 10603126

01 FC:1501 1400.00 DA

ITEMIZATION AND CALCULATION OF THE DEFICIENCY OWED

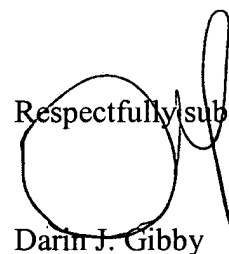
Date Filed	Type of Fee	Small Entity Fee Actually Paid	Large Entity Fee for Action	Deficiency Payment Owed
September 12, 2005	Issue Fee	\$1000	\$1700	\$700

TOTAL DEFICIENCY OWED \$700

Applicant hereby authorizes the Commissioner to deduct the total deficiency owed of \$700 from Deposit Account No. 20-1430. Please deduct any additional fees due from or credit any overpayment to, the above Deposit Account.

Applicant understands that under 37 CFR §1.28(d) this submission is treated as a notification of loss of entitlement to small entity status.

Respectfully submitted,


Darin J. Gibby
Reg. No. 38,464

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: (303) 571-4000
Fax: (303) 571-4321
DJG/cl
60726544 v1